

Child and Family Services Complaint Resolution Process

The purpose of the Child and Family Services Complaint Resolution Procedure is to assist the agency, Child and Family Services Division (CFSD) staff, and you address concerns/complaints about CFSD practices or staff.

The CFSD is committed to ensuring that the child's best interests are served while at the same time ensuring that all involved with the child are treated with respect and dignity. CFSD wants to ensure that staff actions in all cases comply with policy.

The relationship between the department, parents, and extended family can be emotional when CFSD become involved with a family; therefore, disputes may occur about CFSD actions. This process is designed to address the disputes/concerns in an objective, expeditious manner. However, at times CFSD may not be able to provide you with the remedy being sought.

Prior to making a complaint, please carefully review the following procedures.

- **Definitions**

What is a Complaint?

- For the purposes of the CFSD Complaint Resolution Process, a complaint is a statement regarding the conduct of a CFSD employee or a foster parent in performing his/her duties as described in the CFSD Policy Manual, CFSD Licensing Policy Manual, or the Montana Codes Annotated. CFSD cannot respond to statements regarding the conduct of the courts, attorneys, or law enforcement - each party's attorney must address those concerns. CFSD also cannot respond to complaints about other employees of the State, other family members or other providers of services to children.

Who is a complainant?

- A complainant is any person who is the subject of an investigation of a report of child abuse or neglect or any parent, guardian, or legal custodian of a child who is the subject of a report of abuse or neglect and brings a complaint against CFSD employee.
- A complainant may also be a member of the subject of an abuse or neglect investigation's extended family and who has a vested interest in the safety or placement of a child. Extended family members need to know that the department may not be able to communicate confidential case information without a release of information.

What issues may complaints be made about?

- Being treated with fairness, respect, and dignity
- Sensitivity to culture
- Lack of involvement in case planning and decision making
- A breach of confidentiality
- A violation of CFSD Policy

What if I decide to go straight to the Division Administrator or the Regional Administrator and cut through all of the steps?

- You will be redirected back to the process that is outlined below.

Informal Resolution

Try the fastest and easiest way first. Start with your social worker.

- Organize your thoughts and the points you would like to make and the solution you are seeking and contact your social worker.
- Phone the social worker, let her or him know that you have a complaint and ask for a meeting. If you prefer to meet by phone, request a date and time. Social workers are often very busy so you will get the best service when you have a scheduled appointment.
- Remember when people are angry they often do not communicate effectively or clearly. Take some time to calm down, think about what is happening and how it could change.
- When you meet face to face or over the phone, the social worker will listen to you and make a record of what was said. They may ask you to provide more details. They are not trying to be difficult, they are trying to make sure they understand.
- The social worker may be able to resolve your complaint immediately. There will be times though when he or she must consult with a supervisor or talk with other staff who may be involved. If this is the case, the social worker will negotiate with you to provide you with a response within a reasonable period of time.
- **Note:** The informal resolution process may also include telephone calls to either the Regional Administrator or the Division Administrator. In this event, either: a) the person lodging the complaint will be directed back to the appropriate supervisor; or b) the person receiving the complaint will conduct an informal query regarding the circumstances surrounding the complaint, respond by phone, and keep a record of the contact.

Formal Resolution Process

Step 1

Supervisor Review

If the complaint cannot be resolved at the informal stage, you may file a formal complaint with CFSD. At this stage, CFSD should be informed if you have a disability or if your first language is not English. If you are unable to submit the complaint in writing, let CFSD know so accommodations can be made.

- Write the complaint or concern and proposed solution on the CFSD complaint form. You may call the supervisor for an appointment to discuss the complaint and bring the form in with you, or you may mail the complaint to the appropriate supervisor. If you do not know who the supervisor is, call the local office and ask for the name of the supervisor who is involved with the case.
- The supervisor may be able to resolve your complaint immediately. If not, you will receive a call from the supervisor. The supervisor will let you know when you can expect to receive a written response to your complaint.
- The supervisor will offer a resolution to the complaint. You may accept the resolution, or offer a counter resolution.
- The supervisor will notify you in writing if your counter resolution is accepted. If it is not accepted, the supervisor will submit your complaint to the Regional Administrator for a step 2 review.

Step 2

Regional Administrator Review

- Upon receipt of the complaint, the Regional Administrator will call or write you to schedule an appointment to meet in person or discuss your complaint by telephone. At this meeting the Regional Administrator will let you know when you can expect a written response to your complaint.
- The Regional Administrator will then discuss your complaint with the supervisor, the social worker and review the case file, contact other professionals who maybe involved and review other documentation as appropriate.
- The Regional Administrator will offer a resolution to the complaint. You may accept the resolution, or offer a counter resolution.
- The Regional Administrator will notify you in writing if your counter resolution is accepted. If it is not accepted, the Regional Administrator will submit your complaint to the Division Administrator for a step 3 review.

Step 3 Division Administrator Review

At stage 3 the complaint is reviewed by the Division Administrator.

The Division Administrator will:

- Consider the Step 1 and Step 2 responses to your complaint, and determine if the response is fair, appropriate and respectful.
- Consider what you want to happen as a result of your complaint and where possible resolve your complaint.
- Issue findings and make a decision concerning the complaint

Step 4 (Final) Director Review

If, after the Division Administrator's decision, the complaint has not been resolved the person filing the complaint may forward the complaint to the Department Director who will:

- Review the complaint record and determine if the complaint was appropriately processed and was handled fairly.

Freezing of Complaints

There may be times when, although CFSD agreed to investigate a complaint, the investigation will be put on hold or will "freeze" it due to legal and due process issues. This is because information coming from a complaint investigation may lead to actions that include:

- Staff disciplinary action
- Criminal investigation
- Other legal proceedings

If this happens, the complainant will be notified that there will be a delay in our dealing with your complaint until the other actions have been completed.

Withdrawal of Complaints

- The complaint may be withdrawn at any step of the procedure.
- Upon receipt of a letter stating the complaint is being withdrawn, CFSD will send a letter acknowledging the withdrawal of the complaint.
- The letter of acknowledgment will state no further action will be taken related to the withdrawn complaint.

Important Notice About the Complaint Resolution Process

The Child and Family Services Division developed this process to assist in reaching resolution to your concerns and to assure that your concerns are documented.

Please Note: CFSD is not able to resolve complaints concerning a judicial determination—your attorney must address those concerns.

Step 1

The first step is to put your complaint in writing. The Community Social Work Supervisor who is responsible for the issue at hand will respond. The Supervisor will attempt to resolve the complaint.

You will have the opportunity to accept the offered resolution, offer a compromise or reject the offered resolution.

If a compromise is offered, the Supervisor may accept or reject the compromise. If no agreement can be reached, the complaint will proceed to step 2.

Step 2

At step 2, the Regional Administrator will review your complaint and the response from the Supervisor as well as the offered resolution(s).

The Regional Administrator may also interview people and review records. The Regional Administrator will offer a resolution; you may accept the resolution or offer a compromise.

Step 3

If concerns cannot be resolved at step 2, the complaint will be submitted by the Regional Administrator to the Division Administrator who will review the efforts of the Supervisor and Regional Administrator to resolve the complaint.

The Division Administrator will issue a finding and decision to you, the Supervisor and the Regional Administrator.

Authorization: I understand that CFSD has full discretion concerning its acceptance, investigation, and resolution of this complaint.

Also, I hereby affirm that this complaint is true and correct to the best of my knowledge. I hereby authorize the use of my name and this complaint in investigating the person or actions related to this complaint.

I have read or have been read the information above and understand the complaint resolution process. I am registering a complaint that is attached to this page.

Signature _____ Date _____

Note: Please print, **sign**, and mail (or hand deliver) a copy of your complaint along with any paperwork you have regarding the matter to the supervisor in the county office which handles your case. We suggest you make or print a copy for your own records.

**Department of Public Health and Human Services
Child and Family Services Division Complaint Resolution Form**

Your Name: _____

Address: _____

Telephone number(s): _____

Alternative way to contact you: _____

Today's Date: _____

Who have you talked to within the agency to attempt to resolve this complaint?

Date or time span of complaint issue _____

Describe your complaint: (be as specific as possible as to persons involved, your relationship to those individuals, and the decisions that were made or the action that was taken which is of grave concern to you. Use complaint form part two if you need more space.)

Your signature: (required on every page) _____

**DPHHS Child and Family Services Complaint Resolution Form
(Additional Information)**

What would you like to happen so that this may be resolved for you?

Your signature: (required on every page) _____

**DPHHS Child and Family Services Complaint Resolution Form
(Additional Information)**

Page number:

Your name: _____

Additional information relevant to issue:

Your signature: (required on every page) _____

**DPHHS Child and Family Services Complaint Resolution Form
(Additional Information)**

Page number:

Your name: _____

Additional information relevant to issue:

Your signature: (required on every page) _____

DPHHS Child and Family Services Complaint Response Step One

Name of complainant:	Complaint number: date of the complaint, the county number and the initials of the complainant 050307-25-ko
Name of Supervisor:	Supervisor's Address:
Response to complaint: (identify how information was gathered, persons interviewed, documents reviewed etc)	
Supervisor's proposal to resolve complaint:	
Signed:	Dated:
Meet with or send signed form to complainant to complete this stage.	
Complainants response to proposal for resolution: <input type="checkbox"/> I accept the proposal to resolve this complaint and consider the issue closed. <input type="checkbox"/> I do not accept the proposal to resolve this complaint and request level two review. <input type="checkbox"/> I do not accept the proposal and would like to offer a counter proposal as follows:	
Your signature: _____	Dated: _____
<i>After signing, this form must be returned to the Supervisor at the address above within 15 days.</i>	
Supervisor's response to counter proposal: <input type="checkbox"/> The counter proposal is accepted and shall be implemented. <input type="checkbox"/> The counter proposal is rejected. The complaint shall be forwarded to the Regional Administrator for next stage of review.	
Signed: _____	Dated: _____
<i>After signing this form a copy shall be provided to the complainant and if not resolved, forwarded to the Regional Administrator.</i>	

**DPHHS Child and Family Services
DPHHS Child and Family Services Division Complaint Response
Step Two**

Name of Complainant:	Complaint number:
Date received by Regional Administrator:	Date of review:
Considerations:	
Findings:	
Decision and Directives (if any):	
Signature:	Date:
Copies sent to: <input type="checkbox"/> Regional Administrator <input type="checkbox"/> Community Social Work Supervisor <input type="checkbox"/> Complainant	

Regional Administrator:	Regional Administrator's Address:
Response to complaint:(identify how information was gathered, persons interviewed, documents reviewed etc)	
Regional Administrators' proposal to resolve complaint:	
Signed:	Dated:
Send signed form to complainant	
Complainants response to proposal for resolution:	
<input type="checkbox"/> I accept the proposal to resolve this complaint and consider the issue closed. <input type="checkbox"/> I do not accept the proposal and would like to offer a counter proposal as follows:	
<input type="checkbox"/> I do not accept the proposal to resolve this complaint and wish to have further review by the Division Administrator. Your signature: _____ Today's Date: _____	
<i>After you sign this form, it must be returned to the Regional Administrator's Address within 15 days.</i>	
Respondents response to counter proposal:	
<input type="checkbox"/> The counter proposal is accepted and shall be implemented. <input type="checkbox"/> The counter proposal is rejected. The complaint shall be forwarded to the Division Administrator.	
Signed:	Dated:
<i>After signing this form a copy shall be provided to the complainant and if necessary forwarded to the Division Administrator.</i>	

**DPHHS Child and Family Services
DPHHS Child and Family Services Division Complaint Response
Step Three**

Name of Complainant:	Complaint number:
Date received by Division Administrator:	Date of review:
Considerations:	
Findings:	
Decision and Directives (if any):	
Signature:	Date:
Copies sent to: <input type="checkbox"/> Regional Administrator <input type="checkbox"/> Community Social Work Supervisor <input type="checkbox"/> Complainant	

Division Administrator:	Division Administrator's Address:
Response to complaint:(identify how information was gathered, persons interviewed, documents reviewed etc)	
Division Administrators' proposal to resolve complaint:	
Signed:	Dated:
Send signed form to complainant	
Complainants response to proposal for resolution:	
<input type="checkbox"/> I accept the proposal to resolve this complaint and consider the issue closed.	
<input type="checkbox"/> I do not accept the proposal and would like to offer a counter proposal as follows:	
 <input type="checkbox"/> I do not accept the proposal to resolve this complaint and wish to have further review by the Department Director.	
Your signature: _____ Today's Date: _____	
<i>After you sign this form, it must be returned to the Division Administrator's Address within 15 days.</i>	
Respondents response to counter proposal:	
<input type="checkbox"/> The counter proposal is accepted and shall be implemented.	
<input type="checkbox"/> The counter proposal is rejected. The complaint shall be forwarded to the Department Director.	
Signed:	Dated:
<i>After signing this form a copy shall be provided to the complainant and if necessary forwarded to the Department Director.</i>	

DPHHS Child and Family Services
DPHHS Child and Family Services Division Complaint Response
Step Four

Name of Complainant:	Complaint number:				
Date received by Department Director:	Date of review:				
Considerations:					
Findings:					
Decision and Directives (if any):					
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">Department Director Signature:</td> <td style="width: 50%; padding: 5px;">Date:</td> </tr> <tr> <td colspan="2" style="padding: 5px;"> Copies sent to: <input type="checkbox"/> Division Administrator <input type="checkbox"/> Regional Administrator <input type="checkbox"/> Community Social Work Supervisor <input type="checkbox"/> Complainant </td> </tr> </table>		Department Director Signature:	Date:	Copies sent to: <input type="checkbox"/> Division Administrator <input type="checkbox"/> Regional Administrator <input type="checkbox"/> Community Social Work Supervisor <input type="checkbox"/> Complainant	
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